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## UNITED NATIONS POPULATION FUND

## Country programme outline for East Timor*

Proposed UNFPA assistance: $5 million: $2 million from regular resources and $3 million through co-financing modalities and/or other, including regular, resources

Programme period: 3 years (2003-2005)

Cycle of assistance: First

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | Total |
|---|---|---|---|
| Reproductive health | 0.85 | 0.45 | 1.30 |
| Population and development strategies | 0.70 | 2.40 | 3.10 |
| Gender | 0.30 | 0.15 | 0.45 |
| Programme coordination and assistance | 0.15 | - | 0.15 |
| Total | 2.00 | 3.00 | 5.00 |

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

## I. Situation analysis

1. East Timor is the world's newest country, attaining independence on 20 May 2002. It is also the poorest country in Asia and one of the smallest, with a current population of about 800,000. Among the most striking indicators of the country's low level of economic and social development is the very high maternal mortality ratio, estimated at between 420 to 850 per 100,000 live births. The wide variance in the estimates illustrates the inadequacy of the country's database. There is no system in place that accounts for all the births in the country or for the deaths of mothers and infants. The last census was carried out in 1990, and there is a pressing need for all types of demographic, social and economic data.

2. Among the factors contributing to the high numbers of maternal deaths is the limited number of births that are attended by trained midwives, estimated to be between 17 and 25 per cent. Currently, there are approximately 200 midwives in the public health system compared to 600 during the Indonesian administration; current financial constraints do not permit that number to be increased significantly. However, assessments of the capacity of the midwives indicate that they have satisfactory skills, which are being augmented by training programmes.

3. Access to emergency obstetric services is very limited in East Timor. There are currently only three obstetrician/gynaecologists, two of whom are supported by UNFPA through the United Nations Volunteers (UNV) programme. As for family planning, the contraceptive prevalence rate for modern methods has fallen from about 20 per cent during the last years of the Indonesian administration to a current estimate of 5.6 per cent.

4. One of the problems that has been identified by several institutions, including the police, the courts and East Timorese women, during their first national congress in 2000, is the high level of gender-based violence. Police report that about 40 per cent of reported incidents are related to domestic violence. To date, HIV infection has been reported among only a handful of East Timorese, but several studies have pointed out the prevalence of conditions favourable for the spread of HIV.

## II. Past cooperation and lessons learned

5. UNFPA cooperation with East Timor began with the provision of emergency reproductive health kits immediately following the crisis of September 1999. UNFPA set up a small office managed from the UNFPA country office in Jakarta. Two projects were initiated: one to address urgent reproductive health needs and the other to increase capacity for gender-related issues. Funds were also set aside to begin initial work on a census, which was deferred until an independent Government was in place.

6. The clear lesson for all programmes in East Timor is the weakness of national institutions, including the Government, in human and financial resources, institutional memory and stable structures. All development programmes must take these constraints into account by including strong capacity-building activities. Because of the strong international response to the crisis of 1999, there are a large number of donor agencies in East Timor. In addition to the benefits that this brings, it also requires continuous coordination among the Government, United Nations agencies, bilateral and multilateral donors, and non-governmental organizations (NGOs) to avoid overlap, duplication, waste and gaps among programmes.

## III. Proposed programme

7. The overall goal of the proposed UNFPA programme is to build national capacity to address the challenges faced by East Timor in three areas in which the Fund has expertise and experience: (a) reproductive health,

concentrating on the need to reduce the high level of maternal deaths; (b) population and development strategies, focusing on helping to carry out the first national census; and (c) gender, working to build national capacity and helping to develop programmes to combat gender-based violence.

8. UNFPA priorities for the first country programme for East Timor correspond with the national goals elaborated in the country's national development plan, which, among other things, signals high levels of maternal and infant mortality and poor reproductive health as major challenges. The proposed programme incorporates the United Nations Development Assistance Framework (UNDAF) objectives in: (a) reducing the high level of maternal mortality; (b) meeting the need for up-to-date population data; and (c) helping to reduce gender inequality and inequity and contributing to the empowerment of women.

9. On a global level, the proposed programme will contribute to the achievement of the Millennium Development Goals in the areas of maternal health and gender. In institutional terms, the programme will contribute to the achievement of UNFPA goals as indicated in the multi-year funding framework by helping to reduce maternal mortality and the spread of HIV/AIDS, and by promoting gender equality.

*Reproductive health subprogramme*

10. Reducing maternal mortality is a priority for UNFPA. UNFPA will work with the Government and other partners in pursuing strategies that have been the most effective in developing countries: (a) ensuring trained attendants at birth; (b) providing access to emergency obstetric care; and (c) promoting family planning to protect the health of the mother and child. Each of these will be outputs of the reproductive health subprogramme.

11. In the context of East Timor, ensuring trained attendants at birth means providing access to trained midwives. While traditional birth attendants and family members assist many births, experience elsewhere has shown that they are unable to provide the level of expertise required to reduce maternal deaths. The use of trained midwives, on the other hand, has been shown to be effective.

12. Given the limited number of trained midwives in East Timor, it will be necessary to help them become as efficient as possible through ongoing training programmes. The provision of adequate equipment and supplies for midwives is also of concern. A survey undertaken by UNFPA showed that midwives most frequently cited the lack of proper equipment as an impediment to their work. UNFPA will work with the Ministry of Health and other partners, such as the World Health Organization, to help ensure that every midwife has needed equipment and supplies.

13. Another strategy will be to provide greater access to midwives by increasing their mobility so as to reach a larger number of pregnant women. Working with the Ministry of Health and other donors, including private foundations, UNFPA will, on a pilot basis, equip the midwives with motorbikes so they are able to reach as many women as possible in their service areas.

14. A complementary approach will be to provide facilities for women, especially those from remote areas, to be near midwives at the time of their deliveries. A mechanism that has worked elsewhere is the provision of "waiting houses" near midwives for women who are near term. The proposed programme will set up pilots to test these two approaches and, if successful, will work to secure the funding needed for wider implementation.

15. The second output of the reproductive health subprogramme, and an important factor in preventing maternal deaths, is access to

emergency obstetric care. The Ministry of Health is organizing the health system around six referral hospitals. The plan envisages that each of these hospitals would be staffed with at least one obstetrician/gynaecologist. In light of the Government's budgetary constraints, UNFPA proposes to continue funding two or three UNV obstetrician/gynaecologist posts. Because of the need to ensure the sustainability of emergency obstetric care, UNFPA also proposes to fund a fellowship abroad in obstetrics and gynaecology for one East Timorese.

16. The third output of the reproductive health subprogramme is the expanded availability of family planning information and services, an area in which UNFPA has a crucial role to play. UNFPA has surveyed several districts to ascertain the availability and use of contraceptives. The results show an overwhelming preference for injectables (up to 97 per cent in some areas) owing to the non-availability of oral contraceptives and the perceived difficulty in using them, and the lack of trained personnel for inserting IUDs and implants. The proposed programme will ensure the availability of an expanded mix of contraceptives and will carry out promotional campaigns with the Ministry of Health. In this regard, UNFPA is working with the Ministry to develop a national policy on family planning.

17. UNFPA has expertise in the logistics management of contraceptive supplies. While contraceptives are generally available at the country's central medical storehouse, they often do not reach the intended clientele because of the inability to anticipate future demand at district and subdistrict levels and the inadequacy of the distribution network. UNFPA will work with the Ministry of Health to improve distribution methods and the logistical management of contraceptive supplies.

18. There are a variety of actors in East Timor in the area of HIV/AIDS, and several multilateral and bilateral agencies are providing significant financial support for prevention and treatment programmes. UNFPA will continue to work with the Ministry of Health and other partners by providing technical assistance in HIV prevention and by providing support for the provision of condoms, the logistics management of condom supplies and targeted campaigns to promote their use. UNFPA will continue to work through the United Nations theme group on HIV/AIDS and mechanisms established by the Ministry of Health to help avoid duplication and overlap in HIV/AIDS programmes.

*Population and development strategies subprogramme*

19. The UNDAF identified the lack of basic data as one of the main problems hindering development efforts in East Timor. Conducting a comprehensive national census is therefore a priority. This is particularly necessary given the severe dislocations among the population since the last census was conducted in 1990.

20. Given these needs, UNFPA will support the Government in carrying out East Timor's first national census and in analysing and disseminating the results. An important focus of UNFPA involvement will be to increase the human and institutional capacity of the national statistics office to carry out the census as well as future statistical activities. UNFPA will provide support for designing census operations and for training, and will also supply some necessary equipment. Since the total cost will exceed the resources that the Fund has available, UNFPA will also assist the Government in mobilizing the necessary funding.

21. The outputs of the population and development strategies subprogramme will be the successful completion of the country's first census and increased capacity in the Government to meet the country's needs for population and socio-economic data.

*Gender subprogramme*

22. The proposed subprogramme will build on assistance already provided to strengthen the capacity of the Government's Office for the Promotion of Equality and women's NGOs. As part of its capacity-building strategy, UNFPA will continue to provide small scholarships for East Timorese to undertake gender studies at universities abroad in order to provide the country with a theoretical underpinning for activities in the area of gender.

23. UNFPA will continue to facilitate the development of legislation to address domestic violence and will cooperate with the Office for the Promotion of Equality so that the legislation responds to the East Timorese context. UNFPA will also work with stakeholders to ensure that the legislation is understood and enforced.

24. Realizing that legislation alone is not sufficient, UNFPA will also assist in designing and implementing programmes that involve a wide variety of stakeholders to help them become effective partners in halting gender-based, including domestic, violence. The outputs of the gender subprogramme will be legislation that effectively addresses domestic violence and a greater national capacity to address all aspects of the problem.

## IV. Programme management, monitoring and evaluation

25. Serious gaps in the national database will make measuring the results of the proposed programme very difficult. In fact, one of the major objectives of the programme will be to generate relevant baseline data so that future programme activities of the Government and its development partners will have a firm foundation on which to operate.

26. Because of these factors, it is likely that the success of the UNFPA programme over the coming three years will be measured by an increase in the absolute numbers of some of the issues UNFPA is working to combat – maternal and infant deaths and domestic violence cases, for example – because the reporting of these statistical events should increase. Some of the other activities will be easier to measure: for example, a demographic and health survey being carried out in 2003 should provide a good baseline for the contraceptive prevalence rate. The programme will aim to achieve an increase in that rate within the following two years by increasing the availability of contraceptives and through active promotional campaigns. The number of births assisted by trained attendants should increase, as should the number of referrals to emergency obstetric care.

27. A Chief of Operations currently heads the UNFPA office in East Timor. In light of the great needs of Asia's newest and poorest country, the commitment of the entire United Nations system to East Timor, and the likelihood of a continuing UNFPA presence, the revised UNFPA biennial support budget for 2002-2003 proposes to transform this post into a full Representative post starting in January 2003.

28. In addition to the Chief of Operations, the office includes one international consultant, one national programme assistant, a secretary/finance assistant and two drivers. Given the high cost of employing international staff in East Timor and the availability of trained national staff, the international consultant position will be discontinued, but additional local staff may be employed when the workload justifies it. International advisers, including those from the UNFPA Country Technical Services Team in Bangkok, will provide technical assistance, as necessary.

## ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR EAST TIMOR

**UNDAF Objective:** By the year 2005 to have halted, and begun to reverse, the maternal mortality ratio
**UNDAF Objective:** By the year 2005 to have developed effective HIV/AIDS education and prevention programmes

| UNFPA Goal | Outcome | Indicators | Outputs and Key Indicators | Resources |
|---|---|---|---|---|
| Overall goal: to build national capacity to address the challenges faced by East Timor in three areas in which UNFPA has expertise and experience: reproductive health; population and development strategies; and gender.<br><br>*Reproductive health*<br><br>All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life<br><br>Goal indicator:<br>Maternal mortality ratio<br><br>Goal indicator:<br>HIV prevalence in persons aged 15-24 | To have contributed to the establishment of effective policies and services to address the high level of maternal deaths<br><br>To have contributed to effective programmes to prevent the spread of HIV/AIDS | • Stabilization in the absolute number of maternal deaths<br><br>• Continued minimal number of new HIV infections | **Output 1: Trained attendants at birth**<br><br>Output indicator:<br>• Number of births assisted by trained midwives<br><br>**Output 2: Access to emergency obstetric care**<br><br>Output indicator:<br>• Number of referral hospitals able to provide emergency obstetric care<br><br>**Output 3: Expanded availability of family planning information and services**<br><br>Output indicator:<br>• Availability of contraceptives at all levels of the public health system and effective information, education and communication to promote their use<br><br>**Output 4: HIV prevention**<br><br>Output indicator:<br>• Availability of condoms to targeted populations and programmes to promote their use | Total for reproductive health subprogramme: $1.3 million ($0.85 million from regular resources and $0.45 million from other resources) |

| UNFPA Goal | Outcome | Indicators | Outputs and Key Indicators | Resources |
|---|---|---|---|---|
| **UNDAF Objective: By the year 2005 to have halted, and begun to reverse, the trend of violence against women** | | | | |
| *Gender*<br><br>Gender equality and empowerment of women are achieved | To have contributed to the development of effective legislation and public awareness campaigns to address the high levels of violence against women | • Data on the scope of gender-based violence | **Output 1: Domestic violence legislation**<br><br>Output indicator:<br>• Development and adoption of such legislation<br><br>**Output 2: Greater national capacity to address all aspects of domestic violence**<br><br>Output indicator:<br>• Number of stakeholders reached by the campaign | Total for gender subprogramme:<br>$0.45 million<br>($0.30 million from regular resources and $0.15 million from other resources) |
| **UNDAF Objective: A statistics office capable of generating valid and reliable social, economic and political data that are necessary for government and private sector decision-making and transparency** | | | | |
| *Population and development strategies*<br><br>There is a balance between population dynamics and social and economic development | To have helped carry out the first national census | • Completion of the census | **Output 1: Availability of reliable, up-to-date data on the demographic, social and economic characteristics of the population through the country's first census**<br><br>Output indicator:<br>• Production of such data<br><br>**Output 2: Increased capacity in the Government and the national statistics office to meet the country's needs for population and socio-economic data**<br><br>Output indicator:<br>• Number of people trained and the level of knowledge attained | Total for population and development strategies subprogramme:<br>$3.1 million<br>($0.7 million from regular resources and $2.4 million from other resources)<br><br>Total for programme coordination and assistance:<br>$0.15 million from regular resources |

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